

**SUBMIT TO:**

Substance Abuse Division  
Wyoming Prevention Framework  
6101 Yellowstone Road - Suite 220  
Cheyenne, WY 82002-0480

**EXPENDITURES FOR REPORTING PERIOD**  
**October 15, 2007**

<i>Cost Description</i>	Budgeted Amount	Current Expenditures	Year to Date Expenditures	% Exp.
<b>PERSONNEL SERVICES</b>				
Salaries & Wages	\$45,700.00	\$6,503.84	\$7,989.41	17.5%
Employer Paid Benefits			\$0.00	#DIV/0!
<b>SUPPORTING SERVICES</b>				
Internet Service	\$500.00		\$211.01	42.2%
Telephone /Cell Phone	\$500.00		\$0.00	0.0%
Other:	\$8,000.00	\$773.10	\$8,273.10	103.4%
<b>TRAVEL/TRAINING/MEETINGS</b>				
Travel In-State	\$4,000.00	\$918.01	\$1,606.75	40.2%
Training Fees	\$6,000.00	\$5,500.00	\$5,500.00	91.7%
Miscellaneous Meeting Expenses	\$3,500.00	\$1,490.70	\$2,032.51	58.1%
Other: 1 National conference, 1 state	\$10,000.00	\$1,908.84	\$1,908.84	19.1%
<b>SUPPLIES</b>				
Office (Consumable)	\$1,504.00	\$722.95	\$728.12	48.4%
Postage	\$500.00		\$0.00	0.0%
Copying and printing	\$2,500.00	\$1,329.02	\$3,481.94	139.3%
Other				
<b>EQUIPMENT (Please itemize)</b>				
Laptop	\$4,000.00		\$0.00	0.0%
Fax	\$600.00		\$462.11	77.0%
Office furniture	\$1,400.00	\$596.22	\$1,555.04	111.1%
<b>CONTRACTUAL SERVICES: Attach a copy of the contract or agreement to this invoice</b>				
A. WYSAC for evaluation	\$6,070.00	\$4,552.00	\$6,069.60	100.0%
B. SPF - TAC for technical assistance	\$12,141.00		\$0.00	0.0%
C. Focus group facilitator	\$4,000.00		\$0.00	0.0%
D.				
E.				
<b>MISCELLANEOUS COSTS</b>				
A. Bank Fees				
B. Media	\$2,000.00	\$1,253.45	\$1,253.45	62.7%
C. Indirect Costs	\$8,500.00		\$0.00	0.0%
D. Other:				
<b>TOTAL</b>	<b>\$121,415.00</b>	<b>\$25,548.13</b>	<b>\$41,071.88</b>	

**LEAD AGENCY:** Albany County Resource Center

**COUNTY:** Albany

**NAME, PHONE, AND EMAIL OF AUTHORIZED OFFICIAL:**

Tracy Young, 307-760-7073, tyoung@peal

I certify that the expenditures reported above have been funded totally with funds awarded by the Wyoming Department of Health, and are for the sole purpose of the Fiscal Year 2007 WY Prevention Framework contract.

**SIGNATURE OF AUTHORIZED OFFICIAL**

**DATE**

